

Foster Family Home - Corrective Action Report

Provider ID: 2-180052

Home Name: Jesusa Ocon, CNA

15-1676 26th Olena Street

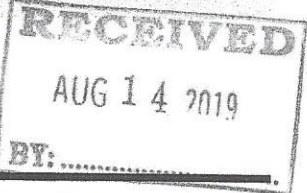
Kea'au

HI 96749

Review ID: 2-180052-2

Reviewer: Carol Copeland

Begin Date: 8/9/2019



Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to re-certify two client home. Home not in compliance on day of inspection. Corrective action report issued with plan of correction due to CTA within one month of inspection.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) No Fieldprint, APS, CAN or fingerprints for household members 1, 2 or 3 in home binder.

Foster Family Home Physical Environment [11-800-49]

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

Comment:

49.(a)(3) Several bottles of opened alcohol were on a table in the common/shared dining room.

Foster Family Home Client Rights [11-800-53]

53.(b)(8) Have the client's personal and medical records kept confidential;

Comment:

53.(b)(8) Client charts were stored in the living room with client names visible to anyone entering the home.

Carol Copeland RN MSN
Compliance Manager

Jesusa Ocon
Primary Care Giver

8/30/19
Date

8-15-19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Jesusa Ocon

CCFFH Address: 15-1676 26th Olena Avenue, Keaau, HI 96749

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(6)(1)	Fieldprint APS, CAN or Fingerprint finally recieved the result. Hard copy are put inside home binder.	8/18/19	8.(6)(1) Next time I'll check binder in advance and update anything is due.
49.(a)(3)	Yes several bottles of opened alcohol were on the shelf display was already removed.	8/14/19	49.(a)(3) Same day (after the inspection) all the display liquor to my display shelf was already removed.
53.(b)(8)	Client charts were relocate filling cabinet inside my room.	8/14/19	53.(b)(8) Same day (after the inspection) client charts were stored to my filling cabinet inside my room.

Primary Caregiver's Signature: Jesusa Ocon

Print Name: Jesusa Ocon

Date of Signature: 8-21-19